



6525 Shiloh Rd Suite 900
 Alpharetta, GA 30005
 Phone 888-886-6851
 Fax 770-886-9679

RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer(s) listed below to Lazer Spot Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT –regulated testing items: (1) Alcohol tests with a result of 0.04 or higher; (2) Verified positive drug tests; (3) Refusals to be tested; (4) Other violations of DOT agency drug and alcohol testing regulations; (5) Information obtained from previous employers of a drug and alcohol rule violation; (6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

I hereby authorize release of information included on the accident register (§390.15) from the DOT regulated employer(s) listed below to Lazer Spot Inc.

List all DOT-regulated employers you applied with and/or worked for in a safety-sensitive function during the previous three (3) years.

Company	Employment Dates	City	State	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional forms for additional past employers. Attached documents must also include the individual's signature)

Applicant Signature: _____ Print Name: _____

Social Security Number: _____ Date: _____

Please Return By FAX to 678-771-2640